

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>3M EMPLOYEES WELFARE BENEFITS ASSOCIATION TRUST II</b> <b>Doing Business As</b> Number and street (or P.O. box if mail is not delivered to street address) <b>3M CENTER, BUILDING 224-5N-40</b> Room/suite City or town, state or country, and ZIP + 4 <b>ST. PAUL, MN 55144</b>		<b>D</b> Employer identification number  <b>36-3604792</b>  <b>E</b> Telephone number <b>651-737-3201</b>  <b>G</b> Gross receipts \$ <b>341,093,204.</b>  <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ►
	<b>F</b> Name and address of principal officer <b>JANICE K. ANGELL</b> <b>SAME AS C ABOVE</b>		
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(9) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
	<b>J</b> Website: ► <b>N/A</b>		
	<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		
	<b>L</b> Year of formation: <b>1987</b> <b>M</b> State of legal domicile <b>MA</b>		

## Part I Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO FINANCE MEDICAL, DENTAL, AND LONG-TERM DISABILITY BENEFITS PROVIDED TO CURRENT 3M EMPLOYEES.</b>	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) <b>3</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b) <b>3</b>	
	5 Total number of employees (Part V, line 2a) <b>0</b>	
	6 Total number of volunteers (estimate if necessary) <b>8</b>	
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>		
b Net unrelated business taxable income from Form 990-T, line 34 <b>0.</b>		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) <b>332,253,253.</b>	
	9 Program service revenue (Part VIII, line 2g) <b>339,539,334.</b>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>-11,011,630.</b>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>1,447,598.</b>	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>322,689,221.</b>	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>321,998,848.</b>	
<b>Expenses</b>	14 Benefits paid to or for members (Part IX, column (A), line 4) <b>320,404,473.</b>	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>62,249.</b>	
	16a Professional fundraising fees (Part IX, column (A), line 11e) <b>18,021,843.</b>	
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>17,716,060.</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>340,082,940.</b>	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>338,153,722.</b>	
19 Revenue less expenses. Subtract line 18 from line 12 <b>-17,393,719.</b>		
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) <b>62,704,524.</b>	
	21 Total liabilities (Part X, line 26) <b>104,400,462.</b>	
	22 Net assets or fund balances. Subtract line 21 from line 20 <b>-41,695,938.</b>	
	Beginning of Current Year <b>69,058,703.</b>	
	End of Year <b>104,085,404.</b>	
	-35,026,701.	

## Part II Signature Block

OGDEN, UT

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

►   
Signature of officer► **KIMBERLY M. TORSETH, ASST. TREASURER**  
Type or print name and title11-5-10  
DateSign Here  
TEC  
Use Only

Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <b>LARSON ALLEN LLP</b> <b>220 SOUTH SIXTH STREET, SUITE 300</b> <b>MINNEAPOLIS, MN 55402</b>	Date <b>11/4/2010</b> Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) <b>EIN</b> Phone no. ► <b>612-376-4500</b>
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May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

18

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

Form 990 (2009)

36-3604792 Page 2

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

N/A

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.

Yes  No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$) including grants of \$ (Revenue \$) )  
**INCOME REPORTED IS USED TO FINANCE MEDICAL, DENTAL, AND LONG-TERM  
DISABILITY BENEFITS PROVIDED TO CURRENT 3M EMPLOYEES.**

4b (Code) (Expenses \$) including grants of \$ (Revenue \$) )

4c (Code) (Expenses \$) including grants of \$ (Revenue \$) )

4d Other program services. (Describe in Schedule O.)

(Expenses \$) including grants of \$ (Revenue \$) )

4e Total program service expenses ► \$

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

Form 990 (2009)

36-3604792 Page 3

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	N/A
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/A
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable <ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.</li> </ul>	11	X
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I</li> </ul>	14a	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	14b	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	15	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	16	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19	X
	20	X

Form 990 (2009)

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

Form 990 (2009)

36-3604792 Page 4

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/A
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	N/A
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	N/A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Form 990 (2009)

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

Form 990 (2009)

36-3604792 Page 5

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
2b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country ► <b>BELGIUM</b>	4a	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
6b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	N/A	
7a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	N/A	
9a	a Did the organization make any taxable distributions under section 4966?	N/A	
9b	b Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	<b>Section 501(c)(7) organizations.</b> Enter:	N/A	
10a	a Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:	N/A	
11a	a Gross income from members or shareholders	11a	
11b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

Form 990 (2009)

36-3604792 Page 6

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body	1a	3
1b	Enter the number of voting members that are independent	1b	3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?	15a	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization	16b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ►	NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►	H. W. GJERSDAL - 651-733-6099
	3M CENTER, BUILDING 224-5N-40, ST PAUL, MN 55144	

Form 990 (2009)

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

**Form 990 (2009)**

36-3604792 Page 7

## ASSOCIATION TRUST II

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

year. Use Schedule B-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)  (B)  (C)  (D)

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

**Form 990 (2009)**

36-3604792 Page 8

Page 8

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**1b Total**

25,868. 0. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

0

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes	No
	X
	X
	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE CROSS BLUE SHIELD 3535 BLUE CROSS ROAD, EAGAN, MN 55122-1154	PROCESS MEDICAL CLAIMS	9,960,673.
HEALTH PARTNERS, 8170 33RD AVE S M/S 21104A, BLOOMINGTON, MN 55425	PROCESS MEDICAL CLAIMS	4,181,476.
MORENEAU SOBECCO, 895 DON MILLS RD #700 ONE MORENEAU SOBECC, TORONTO, ON M3C 1	BENEFITS ENROLLMENT AND RECORDKEEPING	1,219,452.
DELTA DENTAL, 3560 DELTA DENTAL DRIVE, EAGAN, MN 55122-3166	PROCESS DENTAL CLAIMS	1,052,170.
CAREMARK 2211 SANDERS ROAD, NORTHBROOK, IL 60062	PROCESS MEDICAL PRESCRIPTION DRUG CL	356,343.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 8

8

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**Form 990 (2009)**

Page 10 of 10

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

Form 990 (2009)

36-3604792 Page 9

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns .. b Membership dues c Fundraising events .. d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f ►	1a 1b 1c 1d 1e 1f			
Program Service Revenue	2 a EMPLOYER CONTRIBUTIONS b MEMBER CONTRIBUTIONS c OTHER CONTRIBUTIONS d e f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 900099 900099 900099	264,116,697. 69,309,880. 6112757.	264,116,697. 69,309,880. 6112757.	
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses .. c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .. b Less: direct expenses c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 .. b Less: direct expenses c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory ► Miscellaneous Revenue 11 a STOCK LOAN INCOME b c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue. See instructions. ►	(i) Real 949991. (ii) Personal -949,991.	1538246. -949,991.	1,538,246. -949991.	
	932009 02-04-10	Business Code 900099	15,624.	15,624.	
			340,143,213.	339,539,334.	0.
					603,879.

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

Form 990 (2009)

36-3604792 Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	320404473.			
5 Compensation of current officers, directors, trustees, and key employees	33,189.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	65,221.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,664.			
g Other	27,626.			
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ADMINISTRATION	17,391,940.			
b OTHERS	190,609.			
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	338153722.			
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

Form 990 (2009)

36-3604792 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	14,925.	2	1,189,008.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	62,456,191.	11	67,616,258.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	233,408.	15	253,437.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	62,704,524.	16	69,058,703.
Liabilities	17 Accounts payable and accrued expenses	103,572,241.	17	100,358,867.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	828,221.	25	3,726,537.
	26 Total liabilities. Add lines 17 through 25	104,400,462.	26	104,085,404.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	-41,695,938.	32	-35,026,701.
	33 Total net assets or fund balances	-41,695,938.	33	-35,026,701.
	34 Total liabilities and net assets/fund balances	62,704,524.	34	69,058,703.

Form 990 (2009)

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

Form 990 (2009)

36-3604792 Page 12

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
b Were the organization's financial statements audited by an independent accountant?  
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

**Schedule D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
InspectionName of the organization **3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II** Employer identification number **36-3604792****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year ..		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

36-3604792 Page 2

Schedule D (Form 990) 2009

**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items  
(check all that apply):

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV** Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V** Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %  
b Permanent endowment ► \_\_\_\_\_ %  
c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI** Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 0.

Schedule D (Form 990) 2009

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02-01-10

15411103 131839 120808

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3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

**Schedule D (Form 990) 2009**

36-3604792 Page 3

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments - Program Related. See Form 990, Part X, line 13.**

**Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►**

**Part IX** **Other Assets.** See Form 990, Part X, line 15.

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 15.)

**Part X Other Liabilities.** See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Amount
Federal income taxes		
<b>OBLIGATION FOR COLLATERAL RECEIVED</b>		<b>3,726,537.</b>
<b>Total, (Column (b) must equal Form 990, Part X, col (B) line 25 )</b>		<b>3,726,537.</b>

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25)**

3,726,537.

**2. FIN 48 Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

uncert  
932053  
02-01-10

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Schedule D (Form 990) 2009

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

Schedule D (Form 990) 2009

36-3604792 Page 4

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1 340,143,213.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2 338,153,722.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3 1,989,491.
4 Net unrealized gains (losses) on investments	4 4,679,746.
5 Donated services and use of facilities	5
6 Investment expenses	6
7 Prior period adjustments	7
8 Other (Describe in Part XIV.)	8
9 Total adjustments (net). Add lines 4 through 8	9 4,679,746.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10 6,669,237.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1 338,669,538.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	
a Net unrealized gains on investments	2a 4,679,746.
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV.)	2d
e Add lines 2a through 2d	2e 4,679,746.
3 Subtract line 2e from line 1	3 333,989,792.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 40,664.
b Other (Describe in Part XIV.)	4b 6,112,757.
c Add lines 4a and 4b	4c 6,153,421.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 340,143,213.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1 332,870,044.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV.)	2d
e Add lines 2a through 2d	2e 0.
3 Subtract line 2e from line 1	3 332,870,044.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 40,664.
b Other (Describe in Part XIV.)	4b 5,243,014.
c Add lines 4a and 4b	4c 5,283,678.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5 338,153,722.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**OTHER CONTRIBUTIONS: 6112757.**

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

**BENEFITS INCURRED BUT NOT PAID FOR CURRENT YEAR: -869743.**

**OTHER BENEFITS PAID: 6112757.**

## Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

Employer identification number  
36-3604792

FORM 990, PART VI, SECTION A, LINE 5: THIS LINE WAS CHECKED "YES" BASED  
ON THE FOLLOWING INFORMATION. DURING THE FIRST QUARTER 2009 IT WAS LEARNED  
THAT THE GENERAL PARTNERS OF WG TRADING COMPANY, IN WHICH THE TRUST HOLDS  
LIMITED PARTNERSHIP INTERESTS, ARE THE SUBJECT OF A CRIMINAL INVESTIGATION  
AS WELL AS CIVIL PROCEEDINGS BY THE SEC (SECURITIES AND EXCHANGE  
COMMISSION) AND CFTC (COMMODITY FUTURES TRADING COMMISSION). AT THE TIME  
THE CRIMINAL INVESTIGATION WAS IDENTIFIED THE VALUE OF THE WG TRADING  
COMPANY INVESTMENT WAS \$16.2 MILLION. A COURT-APPOINTED RECEIVER HAS TAKEN  
CONTROL OF WG TRADING COMPANY AND OTHER ENTITIES CONTROLLED BY ITS GENERAL  
PARTNERS, AND FURTHER REDEMPTIONS OF LIMITED PARTNERSHIP INTERESTS ARE  
RESTRICTED PENDING COURT PROCEEDINGS. THE AMOUNT THE TRUST MAY RECOVER  
FROM THEIR INVESTMENTS IN WG TRADING COMPANY HAS YET TO BE DETERMINED.

FORM 990, PART VI, SECTION A, LINE 8A: THE TRUST IS NOT REQUIRED TO HOLD  
MEETINGS. THEREFORE, THE TRUST DID NOT PREPARE ANY CONTEMPORANEOUS  
DOCUMENTATION.

FORM 990, PART VI, SECTION A, LINE 8B: THE TRUST IS NOT REQUIRED TO HOLD  
MEETINGS. THEREFORE, THE TRUST DID NOT PREPARE ANY CONTEMPORANEOUS  
DOCUMENTATION.

FORM 990, PART VI, SECTION B, LINE 11: THE RETURN IS REVIEWED BY  
INDIVIDUALS WITHIN THE TAX DEPARTMENT OF 3M PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTATION AND  
FINANCIAL STATEMENTS ARE NOT LEGALLY REQUIRED TO BE DISCLOSED TO THE PUBLIC

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information to Form 990**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**  
► Attach to Form 990.

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

**Name of the organization**

3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II

Employer identification number  
36-3604792

AND THEREFORE ARE NOT MADE AVAILABLE. THE TRUST DOES NOT HAVE A CONFLICT

## OF INTEREST POLICY.

- Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
- Attach to Form 990.
- See separate instructions.

**3M EMPLOYEES WELFARE BENEFITS  
ASSOCIATION TRUST II**

**Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)**

**Part II**  
Identication of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
M EMPLOYEES WELFARE BENEFITS ASSOCIATION	FINANCE HEALTH CARE BENEFITS PROVIDED TO RETIRER 3M EMPLOYEES	MINNESOTA	501(C)(9)	N/A	N/A
TRUST I - 41-1294448, 3M CENTER, BUILDING 24-5N-40, ST. PAUL, MN 55144					
M EMPLOYEES WELFARE BENEFITS ASSOCIATION	FINANCE LIFE INSURANCE BENEFITS TO RETIRED 3M EMPLOYEES	MINNESOTA	501(C)(9)	N/A	N/A
TRUST III - 41-1746690, 3M CENTER, BUILDING 24-5N-40, ST. PAUL, MN 55144					
M EMPLOYEES WELFARE BENEFITS ASSOCIATION	FINANCE BENEFITS TO MEMBERS OF THE CORPORATION	MINNESOTA	501(C)(9)	N/A	N/A
I. PAUL, MN 55144					

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

**Part III** **Identical or Related Organizations Taxable as a Partnership** organizations treated as a partnership during the tax year.)

**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Shang of facilities, equipment, mailing lists, or other assets

n Shang of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.